

MEDCAH, INC.
P.O. BOX 1187
KAILUA, HI 96734
(808) 266-2020
TOLL FREE (888) 663-3224

June 24, 2016

MARYANN N SIVONGXAY
VONE SIVONGXAY

WAIANAE HI 96792

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Per your request, attached is a list of all outstanding accounts as well as the itemized statements for each. The last account listed has had a claim filed to workcomp per their request. It is pending a payment or response.

Please contact our office directly to arrange payment for the rest of the accounts.

Interest accrues daily on all accounts to extent allowed by law.

If you have any questions, please contact our collection department.

Kristi Russell
MEDCAH, INC.

THIS IS AN ATTEMPT TO COLLECT A DEBT.
ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

COR1-TG

EXHIBIT FOUR

MEDCAH, INC.
MAILING ADDRESS
PO BOX 1187
KAILUA, HI 96734
(808) 266-2020
TOLL FREE (888) 663-3224

****HILO OFFICE (808) 935-4535****

June 24, 2016

MARYANN N SIVONGXAY
VONE SIVONGXAY
[REDACTED]
WAIANAE HI 96792

COLLECTOR:

ACCOUNT LEDGER

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THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED
WILL BE USED FOR THAT PURPOSE. THIS LEDGER IS PROVIDED IN
ADDITION TO OUR PREVIOUS NOTICES REGARDING THE FOLLOWING DEBTS:

Creditor	Assigned Amt	Int. Owing	Fees	Tot Amt Paid	Total Owing
WAIANAE COAST COMP HEALTH CT Client Reference #: [REDACTED] 1036 Last Charge Date: 05-17-12 Last Payment Date: MEDCAH Account #: 2266698	\$78.16	\$27.97	\$0.00	(\$0.00)	\$106.13
OCEANIC TIME WARNER CABLE Client Reference #: [REDACTED] Last Charge Date: 06-07-11 Last Payment Date: 06-07-11 MEDCAH Account #: [REDACTED] 3216	\$474.70	\$228.50	\$0.00	(\$0.00)	\$703.20
THE RADIOLOGY GROUP Client Reference #: [REDACTED] 2701 Last Charge Date: 01-15-13 Last Payment Date: 02-26-13 MEDCAH Account #: [REDACTED] 3244	\$17.80	\$5.33	\$0.00	(\$0.00)	\$23.13
OCEANIC TIME WARNER CABLE Client Reference #: [REDACTED] Last Charge Date: 08-27-13 Last Payment Date: 08-27-13 MEDCAH Account #: [REDACTED] 8388	\$403.10	\$107.12	\$0.00	(\$0.00)	\$510.22
PACIFIC RADIOLOGY GROUP, INC Client Reference #: [REDACTED] 7601 Last Charge Date: 08-02-13	\$62.03	\$15.26	\$0.00	(\$0.00)	\$77.29

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THE RADIOLOGY GROUP	\$6.23	\$1.48	\$0.00	(\$0.00)	\$7.71
Client Reference #: [REDACTED] 2701					
Last Charge Date: 08-16-13					
Last Payment Date: 09-17-13					
MEDCAH Account # [REDACTED] 5011					
PACIFIC RADIOLOGY GROUP, INC	\$11.96	\$2.83	\$0.00	(\$0.00)	\$14.79
Client Reference # [REDACTED] 7601					
Last Charge Date: 09-14-13					
Last Payment Date: 12-26-13					
MEDCAH Account # [REDACTED] 6180					
CARDIOLOGY ASSOCIATES INC	\$99.51	\$18.24	\$0.00	(\$0.00)	\$117.75
Client Reference # [REDACTED] 3764					
Last Charge Date: 12-21-13					
Last Payment Date:					
MEDCAH Account # [REDACTED] 7124					
WAIANAE COAST COMP HEALTH CT	\$2.48	\$0.29	\$0.00	(\$0.00)	\$2.77
Client Reference # [REDACTED] 1771					
Last Charge Date: 11-13-13					
Last Payment Date:					
MEDCAH Account # [REDACTED] 3941					
WAIANAE COAST COMP HEALTH CT	\$3.03	\$0.36	\$0.00	(\$0.00)	\$3.39
Client Reference # [REDACTED] 6325					
Last Charge Date: 12-16-13					
Last Payment Date:					
MEDCAH Account # [REDACTED] 3945					
WAIANAE COAST COMP HEALTH CT	\$5.16	\$0.60	\$0.00	(\$0.00)	\$5.76
Client Reference # [REDACTED] 6318					
Last Charge Date: 12-16-13					
Last Payment Date:					
MEDCAH Account # [REDACTED] 3944					
WAIANAE COAST COMP HEALTH CT	\$5.52	\$0.65	\$0.00	(\$0.00)	\$6.17
Client Reference # [REDACTED] 0780					
Last Charge Date: 11-13-13					
Last Payment Date:					
MEDCAH Account # [REDACTED] 3939					
WAIANAE COAST COMP HEALTH CT	\$5.64	\$0.66	\$0.00	(\$0.00)	\$6.30
Client Reference # [REDACTED] 9006					
Last Charge Date: 04-10-14					
Last Payment Date:					
MEDCAH Account # [REDACTED] 3950					
WAIANAE COAST COMP HEALTH CT	\$7.93	\$0.93	\$0.00	(\$0.00)	\$8.86
Client Reference # [REDACTED] 2477					
Last Charge Date: 09-09-14					
Last Payment Date:					
MEDCAH Account # [REDACTED] 3953					
WAIANAE COAST COMP HEALTH CT	\$8.47	\$0.99	\$0.00	(\$0.00)	\$9.46
Client Reference # [REDACTED] 6295					
Last Charge Date: 12-16-13					
Last Payment Date:					
MEDCAH Account # [REDACTED] 3943					
WAIANAE COAST COMP HEALTH CT	\$8.73	\$1.02	\$0.00	(\$0.00)	\$9.75
Client Reference # [REDACTED] 7445					
Last Charge Date: 04-08-14					

EXHIBIT FOUR

WAIANAE COAST COMP HEALTH CT Client Reference # [REDACTED] 2469 Last Charge Date: 09-09-14 Last Payment Date: MEDCAH Account # [REDACTED] 3952	\$8.99	\$1.05	\$0.00	(\$0.00)	\$10.04
WAIANAE COAST COMP HEALTH CT Client Reference # [REDACTED] 3921 Last Charge Date: 08-03-13 Last Payment Date: MEDCAH Account # [REDACTED] 3937	\$11.15	\$1.31	\$0.00	(\$0.00)	\$12.46
WAIANAE COAST COMP HEALTH CT Client Reference # [REDACTED] 043 Last Charge Date: 03-05-14 Last Payment Date: MEDCAH Account # [REDACTED] 3946	\$12.19	\$1.43	\$0.00	(\$0.00)	\$13.62
WAIANAE COAST COMP HEALTH CT Client Reference # [REDACTED] 1286 Last Charge Date: 04-08-14 Last Payment Date: MEDCAH Account # [REDACTED] 3947	\$13.30	\$1.56	\$0.00	(\$0.00)	\$14.86
WAIANAE COAST COMP HEALTH CT Client Reference # [REDACTED] 5832 Last Charge Date: 09-09-14 Last Payment Date: MEDCAH Account # [REDACTED] 3951	\$13.30	\$1.56	\$0.00	(\$0.00)	\$14.86
WAIANAE COAST COMP HEALTH CT Client Reference # [REDACTED] 0146 Last Charge Date: 12-16-13 Last Payment Date: MEDCAH Account # [REDACTED] 3942	\$13.30	\$1.56	\$0.00	(\$0.00)	\$14.86
WAIANAE COAST COMP HEALTH CT Client Reference # [REDACTED] 5693 Last Charge Date: 04-10-14 Last Payment Date: MEDCAH Account # [REDACTED] 3948	\$13.93	\$1.63	\$0.00	(\$0.00)	\$15.56
WAIANAE COAST COMP HEALTH CT Client Reference # [REDACTED] 6101 Last Charge Date: 08-03-13 Last Payment Date: MEDCAH Account # [REDACTED] 3938	\$21.16	\$2.48	\$0.00	(\$0.00)	\$23.64
PACIFIC RADIOLOGY GROUP, INC Client Reference # [REDACTED] 7601 Last Charge Date: 04-14-15 Last Payment Date: 05-15-15 MEDCAH Account # [REDACTED] 0848	\$11.25	\$0.63	\$0.00	(\$0.00)	\$11.88
WAIANAE COAST COMP HEALTH CT Client Reference # [REDACTED] 1973 Last Charge Date: 09-29-15 Last Payment Date: MEDCAH Account # [REDACTED] 2246	\$21.49	\$0.18	\$0.00	(\$0.00)	\$21.67
WAIANAE COAST COMP HEALTH CT Client Reference # [REDACTED] 1057 Last Charge Date: 10-09-15	\$192.37	\$1.58	\$0.00	(\$0.00)	\$193.95

This account is pending a response from workcomp

EXHIBIT FOUR

ACCOUNT NO. [REDACTED] 1-08-9 NO. 0649382 RRN [REDACTED] 9381 STS 1 MAT 1
 NAME STIVONGXAY MARYANN TV FM CV HPFCNSDTAPCLFESTBHGT FTX A MA 097
 ADDR [REDACTED] RD 2 0 2 00000000000000000000 SRV F DWL S1
 APT [REDACTED] PH 999-9999 CPH 999-9999 STRDT 2/24/10 CYC 2 CMP 871
 ZIP [REDACTED] TAP DSC 0/00/00 STPDT 2/24/10 ACH C BILLTO-0

POSTED DATE	FROM DATE	TO DATE	BILL CODE	BILL/ADJ AMOUNT	RUNNING BALANCE	BILL DESCRIPTION
2/24/10	0224	0408	AT6	.10	.10	FCC User Fee
2/24/10	0224	0408	ANC	111.29	111.39	Splash Pak
2/24/10	0000	0000		2.74	114.13	Cable Franchise Fee
2/24/10	0000	0000		.68	114.81	Cable Franchise Fee
2/24/10	0000	0000		5.41	120.22	State General Excise Tax
3/13/10	0409	0508		77.90	198.12	Splash Pak (Savings: \$17.85)
3/13/10	0401	0408	AT6	.02-	198.10	ADJ: FCC User Fee
3/13/10	0409	0508		1.65	199.75	Cable Franchise Fee
3/13/10	0409	0508		.41	200.16	Cable Franchise Fee
3/13/10	0409	0508		3.77	203.93	State General Excise Tax
4/17/10	0509	0608		77.90	281.83	Splash Pak (Savings: \$17.85)
4/17/10	0509	0608		1.65	283.48	Cable Franchise Fee
4/17/10	0509	0608		.41	283.89	Cable Franchise Fee
4/17/10	0509	0608		3.77	287.66	State General Excise Tax
5/15/10	0609	0708		77.90	365.56	Splash Pak (Savings: \$17.85)
5/15/10	0000	0000	AT7	7.00	372.56	Administrative Fee
5/15/10	0609	0708		.33	372.89	State General Excise Tax
5/15/10	0609	0708		1.65	374.54	Cable Franchise Fee
5/15/10	0609	0708		.41	374.95	Cable Franchise Fee
5/15/10	0609	0708		3.77	378.72	State General Excise Tax
6/06/10	0000	0000	PF	203.93-	174.79	FIRST D 699/000000/0000
6/12/10	0709	0808		77.90	252.69	Splash Pak (Savings: \$17.85)
6/12/10	0000	0000	AT7	7.00	259.69	Administrative Fee
6/12/10	0709	0808		.33	260.02	State General Excise Tax
6/12/10	0709	0808		1.65	261.67	Cable Franchise Fee
6/12/10	0709	0808		.41	262.08	Cable Franchise Fee
6/12/10	0709	0808		3.77	265.85	State General Excise Tax
7/17/10	0809	0908		77.90	343.75	Splash Pak (Savings: \$17.85)
7/17/10	0000	0000	AT7	7.00	350.75	Administrative Fee
7/17/10	0809	0908		.33	351.08	State General Excise Tax
7/17/10	0809	0908		1.65	352.73	Cable Franchise Fee
7/17/10	0809	0908		.41	353.14	Cable Franchise Fee
7/17/10	0809	0908		3.77	356.91	State General Excise Tax
7/19/10	0000	0000	PJ	180.00-	176.91	PAYMENT 532/993634/0000
8/14/10	0909	1008		77.90	254.81	Splash Pak (Savings: \$17.85)
8/14/10	0000	0000	AT7	7.00	261.81	Administrative Fee
8/14/10	0909	1008		.33	262.14	State General Excise Tax
8/14/10	0909	1008		1.65	263.79	Cable Franchise Fee
8/14/10	0909	1008		.41	264.20	Cable Franchise Fee
8/14/10	0909	1008		3.77	267.97	State General Excise Tax
8/19/10	0000	0000	PF	180.00-	87.97	FIRST D 699/000000/0000
9/11/10	1009	1108		77.90	165.87	Splash Pak (Savings: \$17.85)
9/11/10	1009	1108		1.65	167.52	Cable Franchise Fee
9/11/10	1009	1108		.41	167.93	Cable Franchise Fee
9/11/10	1009	1108		3.77	171.70	State General Excise Tax
10/16/10	1109	1208		77.90	249.60	Splash Pak (Savings: \$17.85)
10/16/10	0000	0000	AT7	7.00	256.60	Administrative Fee
10/16/10	1109	1208		.33	256.93	State General Excise Tax
10/16/10	1109	1208		1.65	258.58	Cable Franchise Fee
10/16/10	1109	1208		.41	258.99	Cable Franchise Fee
10/16/10	1109	1208		3.77	262.76	State General Excise Tax
10/21/10	0000	0000	PJ	200.00-	62.76	PAYMENT 559/092036/0000
11/13/10	1209	0108		77.90	140.66	Splash Pak (Savings: \$17.85)
11/13/10	1021	0000	AF	17.00	157.66	Release Charge
11/13/10	1209	0108		.68	158.34	Cable Franchise Fee

11/13/10	1209	0108		1-08-9 Maryann Sivongxay.txt	
11/13/10	1209	0108		.83	159.17 State General Excise Tax
11/13/10	1209	0108		1.65	160.82 Cable Franchise Fee
11/13/10	1209	0108		.41	161.23 Cable Franchise Fee
11/13/10	1209	0108		3.77	165.00 State General Excise Tax
12/18/10	0109	0208		77.90	242.90 Splash Pak (Savings: \$17.85)
12/18/10	0000	0000	AT7	7.00	249.90 Administrative Fee
12/18/10	0109	0208		.33	250.23 State General Excise Tax
12/18/10	0109	0208		1.65	251.88 Cable Franchise Fee
12/18/10	0109	0208		.41	252.29 Cable Franchise Fee
12/18/10	0109	0208		3.77	256.06 State General Excise Tax
1/15/11	0209	0308		77.90	333.96 Splash Pak (Savings: \$17.85)
1/15/11	0000	0000	AT7	7.00	340.96 Administrative Fee
1/15/11	0209	0308		.33	341.29 State General Excise Tax
1/15/11	0209	0308		1.65	342.94 Cable Franchise Fee
1/15/11	0209	0308		.41	343.35 Cable Franchise Fee
1/15/11	0209	0308		3.77	347.12 State General Excise Tax
2/01/11	0201	0308	ANC	98.67-	248.45 Splash Pak
2/01/11	0201	0000	AW6	110.00	358.45 Modem
2/01/11	0000	0000		2.09-	356.36 Cable Franchise Fee
2/01/11	0000	0000		.52-	355.84 Cable Franchise Fee
2/01/11	0000	0000		.41	356.25 State General Excise Tax
2/10/11	0000	0000	PJ	241.07-	115.18 PAYMENT 529/210898/0000
2/11/11	0211	0408	AG8	152.85	268.03 Splash Pak
2/11/11	0211	0000	AK	18.00	286.03 Connection Charge
2/11/11	0211	0000	AW6	110.00-	176.03 Modem
2/11/11	0000	0000		4.08	180.11 Cable Franchise Fee
2/11/11	0000	0000		1.02	181.13 Cable Franchise Fee
2/11/11	0000	0000		3.11	184.24 State General Excise Tax
3/12/11	0409	0508		80.75	264.99 Splash Pak (Savings: \$19.00)
3/12/11	0409	0508		1.77	266.76 Cable Franchise Fee
3/12/11	0409	0508		.44	267.20 Cable Franchise Fee
3/12/11	0409	0508		3.91	271.11 State General Excise Tax
4/16/11	0509	0608		80.75	351.86 Splash Pak (Savings: \$19.00)
4/16/11	0509	0608		1.77	353.63 Cable Franchise Fee
4/16/11	0509	0608		.44	354.07 Cable Franchise Fee
4/16/11	0509	0608		3.91	357.98 State General Excise Tax
5/14/11	0609	0708		80.75	438.73 Splash Pak (Savings: \$19.00)
5/14/11	0000	0000	AT7	7.00	445.73 Administrative Fee
5/14/11	0609	0708		.33	446.06 State General Excise Tax
5/14/11	0609	0708		1.77	447.83 Cable Franchise Fee
5/14/11	0609	0708		.44	448.27 Cable Franchise Fee
5/14/11	0609	0708		3.91	452.18 State General Excise Tax
6/07/11	0607	0708	AG8	86.13-	366.05 Splash Pak
6/07/11	0607	0000	AW6	110.00	476.05 Modem
6/07/11	0000	0000		1.89-	474.16 Cable Franchise Fee
6/07/11	0000	0000		.47-	473.69 Cable Franchise Fee
6/07/11	0000	0000		1.01	474.70 State General Excise Tax

THE RADIOLOGY GROUP, INC
94-800 UKEE STREET #303
WAIPAHU, HI 96797-4044

808 454-5200

TRG 1320427

06/16/16

VONE SIVONGXAY
[REDACTED]
WAIANAE, HI 96792

THE RADIOLOGY GROUP, INC
94-800 UKEE STREET #303
WAIPAHU, HI 96797-4044

[REDACTED] 0427

PREVIOUS BALANCE

1/15/13	1	[REDACTED]	[REDACTED]	25.22
1/18/13	2	[REDACTED]	[REDACTED]	46.82
1/21/13		888	GENERAL EXCISE TAX	1.19
1/23/13		888	GENERAL EXCISE TAX	2.21
2/20/13		922	HMA PAYMENT	37.46-
2/20/13		HMA PAYMENT RCVD FOR 01/18/13	99475	
2/26/13		922	HMA PAYMENT	20.18-
2/26/13		HMA PAYMENT RCVD FOR 01/15/13	99577	
			BALANCE DUE	17.80

THIS BILL IS FOR THE PROFESSIONAL
READING OF YOUR X-RAYS TAKEN. YOUR
PROMPT PAYMENT WILL BE GREATLY
APPRECIATED.

THE RADIOLOGY GROUP, INC
94-800 UKEE STREET #303
WAIPAHU, HI 96797-4044

LOCATION OF SVC: KAPIOLANI MEDICAL CENTE

808 454-5200

EXHIBIT FOUR

ACCOUNT NO. [REDACTED] -02-8 NO. [REDACTED] 4531 5-02-8 Mary Ann Sivongxay.txt
 NAME SIVONGXAY MARY ANN TV FM CV HPFCNSDTAPCLFESTBHGT FTX A MA 097
 ADDR [REDACTED] [REDACTED] 1 0 1 00000000000000000000 SRV F DWL S1
 APT [REDACTED] PH [REDACTED] CPH [REDACTED] STRDT 8/04/12 CYC 2 CMP 876
 ZIP [REDACTED] TAP DSC 0/00/00 STPDT 8/04/12 ACH C BILLTO-0

POSTED DATE	FROM DATE	TO DATE	BILL CODE	BILL/ADJ AMOUNT	RUNNING BALANCE	BILL DESCRIPTION
8/06/12	0804	1008	A\$6	196.16	196.16	Splash Pak
8/06/12	0000	0000		4.48	200.64	Cable Franchise Fee
8/06/12	0000	0000		1.12	201.76	Cable Franchise Fee
8/06/12	0000	0000		9.51	211.27	State General Excise Tax
9/15/12	1009	1108		91.95	303.22	Splash Pak (Savings: \$12.80)
9/15/12	1009	1108		2.10	305.32	Cable Franchise Fee
9/15/12	1009	1108		.52	305.84	Cable Franchise Fee
9/15/12	1009	1108		4.46	310.30	State General Excise Tax
10/13/12	0000	0000	PJ	211.27-	99.03	PAYMENT 588/846985/0000
10/13/12	1109	1208		91.95	190.98	Splash Pak (Savings: \$12.80)
10/13/12	1109	1208		3.95	194.93	Internet Modem Lease
10/13/12	1109	1208		2.10	197.03	Cable Franchise Fee
10/13/12	1109	1208		.52	197.55	Cable Franchise Fee
10/13/12	1109	1208		4.64	202.19	State General Excise Tax
11/17/12	1209	0108		91.95	294.14	Splash Pak (Savings: \$12.80)
11/17/12	1209	0108		3.95	298.09	Internet Modem Lease
11/17/12	0000	0000	AT7	7.00	305.09	Administrative Fee
11/17/12	1209	0108		.33	305.42	State General Excise Tax
11/17/12	1209	0108		2.10	307.52	Cable Franchise Fee
11/17/12	1209	0108		.52	308.04	Cable Franchise Fee
11/17/12	1209	0108		4.64	312.68	State General Excise Tax
12/15/12	0000	0000	PJ	100.10-	212.58	PAYMENT 547/908223/0000
12/15/12	0109	0208		91.95	304.53	Splash Pak (Savings: \$12.80)
12/15/12	0109	0208		3.95	308.48	Internet Modem Lease
12/15/12	0000	0000	AF	18.00	326.48	Release Charge
12/15/12	0000	0000	AT7	7.00	333.48	Administrative Fee
12/15/12	0109	0208		.72	334.20	Cable Franchise Fee
12/15/12	0109	0208		1.21	335.41	State General Excise Tax
12/15/12	0109	0208		2.10	337.51	Cable Franchise Fee
12/15/12	0109	0208		.52	338.03	Cable Franchise Fee
12/15/12	0109	0208		4.64	342.67	State General Excise Tax
12/28/12	0000	0000	PF	105.00-	237.67	FIRST D 699/000000/0000
1/11/13	0000	0000	PJ	108.00-	129.67	PAYMENT 508/934038/0000
1/12/13	0209	0308		91.95	221.62	Splash Pak (Savings: \$12.80)
1/12/13	0209	0308		3.95	225.57	Internet Modem Lease
1/12/13	0209	0308		2.10	227.67	Cable Franchise Fee
1/12/13	0209	0308		.52	228.19	Cable Franchise Fee
1/12/13	0209	0308		4.64	232.83	State General Excise Tax
2/12/13	0000	0000	PJ	129.67-	103.16	PAYMENT 528/965003/0000
2/16/13	0309	0408		91.95	195.11	Splash Pak (Savings: \$16.30)
2/16/13	0309	0408		3.95	199.06	Internet Modem Lease
2/16/13	0401	0000	A(3	.15	199.21	ADJ: Olelo Capital Funding
2/16/13	0309	0408		.01	199.22	State General Excise Tax
2/16/13	0309	0408		2.15	201.37	Cable Franchise Fee
2/16/13	0309	0408		.54	201.91	Cable Franchise Fee
2/16/13	0309	0408		4.65	206.56	State General Excise Tax
3/16/13	0409	0508		91.95	298.51	Splash Pak (Savings: \$16.30)
3/16/13	0409	0508		.56	299.07	Olelo Capital Funding
3/16/13	0409	0508		3.95	303.02	Internet Modem Lease
3/16/13	0000	0000	AT7	7.00	310.02	Administrative Fee
3/16/13	0409	0508		.33	310.35	State General Excise Tax
3/16/13	0409	0508		2.15	312.50	Cable Franchise Fee
3/16/13	0409	0508		.54	313.04	Cable Franchise Fee
3/16/13	0409	0508		4.67	317.71	State General Excise Tax
3/21/13	0000	0000	PY	105.00-	212.71	PAYMENT : CREDIT CARD

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EXHIBIT FOUR

			5-02-8	Mary Ann Sivongxay.txt	
4/11/13	0000	0000	PY	101.56- 111.15	PAYMENT : CREDIT CARD
4/13/13	0509	0608		91.95 203.10	Splash Pak (Savings: \$16.30)
4/13/13	0509	0608		.56 203.66	Olelo Capital Funding
4/13/13	0509	0608		3.95 207.61	Internet Modem Lease
4/13/13	0509	0608		2.15 209.76	Cable Franchise Fee
4/13/13	0509	0608		.54 210.30	Cable Franchise Fee
4/13/13	0509	0608		4.67 214.97	State General Excise Tax
5/11/13	0609	0708		91.95 306.92	Splash Pak (Savings: \$16.30)
5/11/13	0609	0708		.56 307.48	Olelo Capital Funding
5/11/13	0609	0708		3.95 311.43	Internet Modem Lease
5/11/13	0000	0000	AT7	7.00 318.43	Administrative Fee
5/11/13	0609	0708		.33 318.76	State General Excise Tax
5/11/13	0609	0708		2.15 320.91	Cable Franchise Fee
5/11/13	0609	0708		.54 321.45	Cable Franchise Fee
5/11/13	0609	0708		4.67 326.12	State General Excise Tax
5/30/13	0000	0000	PY	214.97- 111.15	PAYMENT : CREDIT CARD
6/15/13	0709	0808		91.95 203.10	Splash Pak (Savings: \$16.30)
6/15/13	0709	0808		.56 203.66	Olelo Capital Funding
6/15/13	0709	0808		3.95 207.61	Internet Modem Lease
6/15/13	0000	0000	AF	18.00 225.61	Release Charge
6/15/13	0709	0808		.72 226.33	Cable Franchise Fee
6/15/13	0709	0808		.88 227.21	State General Excise Tax
6/15/13	0709	0808		2.15 229.36	Cable Franchise Fee
6/15/13	0709	0808		.54 229.90	Cable Franchise Fee
6/15/13	0709	0808		4.67 234.57	State General Excise Tax
7/13/13	0809	0908		91.95 326.52	Splash Pak (Savings: \$16.30)
7/13/13	0809	0908		.56 327.08	Olelo Capital Funding
7/13/13	0809	0908		3.95 331.03	Internet Modem Lease
7/13/13	0000	0000	AT7	7.00 338.03	Administrative Fee
7/13/13	0809	0908		.33 338.36	State General Excise Tax
7/13/13	0809	0908		2.15 340.51	Cable Franchise Fee
7/13/13	0809	0908		.54 341.05	Cable Franchise Fee
7/13/13	0809	0908		4.67 345.72	State General Excise Tax
8/17/13	0909	1008		91.95 437.67	Splash Pak (Savings: \$16.30)
8/17/13	0909	1008		.56 438.23	Olelo Capital Funding
8/17/13	0909	1008		3.95 442.18	Internet Modem Lease
8/17/13	0000	0000	AT7	7.00 449.18	Administrative Fee
8/17/13	0909	1008		.33 449.51	State General Excise Tax
8/17/13	0909	1008		2.15 451.66	Cable Franchise Fee
8/17/13	0909	1008		.54 452.20	Cable Franchise Fee
8/17/13	0909	1008		4.67 456.87	State General Excise Tax
8/27/13	0827	1008	AL\$	8.39- 448.48	CRE: Internet Modem Lease
8/27/13	0827	1008	A\$6	128.73- 319.75	Splash Pak
8/27/13	0827	1008	A(3	.78- 318.97	Olelo Capital Funding
8/27/13	0827	0000	AW6	90.00 408.97	Modem
8/27/13	0000	0000		2.76- 406.21	Cable Franchise Fee
8/27/13	0000	0000		.69- 405.52	Cable Franchise Fee
8/27/13	0000	0000		2.42- 403.10	State General Excise Tax

PACIFIC RADIOLOGY GRP INC
321 N KUAKINI ST #405
HONOLULU, HI 96817-2321

808.522-0190

TAX ID [REDACTED]

AS A COURTESY WE FILED A CLAIM TO YOUR
INSURANCE. PAYMENT SHOULD COME DIRECTLY
TO US. HOWEVER, IF YOU RECEIVE PAYMENT,
PLEASE FORWARD IT TO US.

ACCOUNT NO. [REDACTED] 76-01

STATEMENT DATE 06/16/16

MARYANN N SIVONGXAY

[REDACTED]
WAIANAE, HI 96792

DATE	PATIENT	DR# AT RF	DESCRIPTION	ICD10	AMOUNT
08/02/13	MARYANN	[REDACTED]	[REDACTED]		28.00
08/04/13	MARYANN	[REDACTED]	[REDACTED]		174.00
08/04/13	MARYANN	[REDACTED]	[REDACTED]		170.50
08/21/13	MARYANN	[REDACTED]	[REDACTED]		90.00
08/21/13	MARYANN	[REDACTED]	[REDACTED]		60.00
09/05/13	MARYANN	913	INSURANCE CARRIER PA		155.58-
09/05/13	MARYANN	813	INSURANCE ADJUSTMENT		150.02-
09/05/13	MARYANN	913	INSURANCE CARRIER PA		12.66-
09/05/13	MARYANN	813	INSURANCE ADJUSTMENT		12.17-
09/13/13	MARYANN	913	INSURANCE CARRIER PA		47.85-
09/13/13	MARYANN	813	INSURANCE ADJUSTMENT		30.19-
09/13/13	MARYANN	913	INSURANCE CARRIER PA		31.98-
09/13/13	MARYANN	813	INSURANCE ADJUSTMENT		20.02-
TOTAL CURRENT					62.03

EXHIBIT FOUR

THE RADIOLOGY GROUP, INC
94-800 UKEE STREET #303
WAIPAHU, HI 96797-4044

808 454-5200 [REDACTED] 0427

06/16/16

VONE SIVONGXAY
[REDACTED]
WAIANAE, HI 96792

THE RADIOLOGY GROUP, INC
94-800 UKEE STREET #303
WAIPAHU, HI 96797-4044

TRG [REDACTED] 0427

8/16/13	[REDACTED]	25.22
8/21/13	888	GENERAL EXCISE TAX
9/17/13	922	HMA PAYMENT
9/17/13	HMA PAYMENT RCVD FOR 08/16/13 3088	20.18-
	BALANCE DUE	6.23

THIS BILL IS FOR THE PROFESSIONAL
READING OF YOUR X-RAYS TAKEN. YOUR
PROMPT PAYMENT WILL BE GREATLY
APPRECIATED.

THE RADIOLOGY GROUP, INC
94-800 UKEE STREET #303
WAIPAHU, HI 96797-4044

808 454-5200

LOCATION OF SVC: KAPIOLANI MEDICAL CENTE

EXHIBIT FOUR

PACIFIC RADIOLOGY GRP INC
321 N KUAKINI ST #405
HONOLULU, HI 96817-2321

808 522-0190
TAX ID [REDACTED] 7698

AS A COURTESY WE FILED A CLAIM TO YOUR
INSURANCE. PAYMENT SHOULD COME DIRECTLY
TO US. HOWEVER, IF YOU RECEIVE PAYMENT,
PLEASE FORWARD IT TO US.

ACCOUNT NO. [REDACTED] 76-01

STATEMENT DATE 06/16/16

MARYANN N SIVONGXAY
[REDACTED]
WAIANAE, HI 96792

DATE	PATIENT	DR# AT RF	DESCRIPTION	ICD10	AMOUNT
09/14/13	MARYANN	[REDACTED]			90.00
10/19/13	MARYANN	913	INSURANCE CARRIER PA		47.85-
10/19/13	MARYANN	813	INSURANCE ADJUSTMENT		30.19-
TOTAL CURRENT					11.96




EXHIBIT FOUR

MAKE CHECK PAYABLE TO

Cardiology Associates Inc
1329 Lusitana Street
Suite 409
Honolulu, HI 96813-2422

RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES: (808) 521-8211

IF PAYING BY CREDIT CARD, COMPLETE SECTION		
CHECK CARD USING FOR PAYMENT		
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
MASTERCARD	DISCOVER	VISA
CARD NUMBER		SECURITY CODE
SIGNATURE		EXP. DATE
STATEMENT DATE	ACCOUNT #	PAY THIS AMOUNT
6/2/2014	8764	\$99.51
Page 1 of 2		AMOUNT ENCLOSED \$

ADDRESSEE

Maryann Sivongxay
[REDACTED]
Waianae, HI 96792

REMIT TO

Cardiology Associates Inc
1329 Lusitana Street
Suite 409
Honolulu, HI 96813-2422
(808) 521-8211

STATEMENT

Please check box if address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	PROVIDER	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	Previous Balance				\$0.00	\$0.00
	Maryann Sivongxay Office: POB					
03/05/2013	[REDACTED]	[REDACTED]	\$230.37			
04/16/2013	HMA Payment/HMA/CK			-\$99.37		
04/16/2013	HMA Adjustment/HMA			-\$114.76		
	** Subtotal				\$0.00	\$16.24
02/28/2013	[REDACTED]	[REDACTED]	\$75.13			
05/15/2013	HMA Payment/HMA/CK			-\$20.91		
05/15/2013	HMA Adjustment/HMA			-\$50.81		
	** Subtotal				\$0.00	\$3.41
03/05/2013	[REDACTED]	[REDACTED]	\$94.24			
09/09/2013	HMA Payment/HMA/CK			-\$69.42		
09/09/2013	HMA Adjustment/HMA			-\$13.48		
	** Subtotal				\$0.00	\$11.34
08/01/2013	Finance Charge	[REDACTED]	\$0.50			
	** Subtotal				\$0.00	\$0.50
09/03/2013	Finance Charge	[REDACTED]	\$0.50			
	** Subtotal				\$0.00	\$0.50
	** Total for Maryann Sivongxay				\$0.00	\$31.99
10/08/2013	[REDACTED]	[REDACTED]	\$75.13			
11/20/2013	HMA Payment/HMA/CK			-\$20.91		
11/20/2013	HMA Adjustment/HMA			-\$50.81		
	** Subtotal				\$0.00	\$3.41
10/08/2013	[REDACTED]	[REDACTED]	\$94.24			
10/08/2013	Cash			-\$11.00		

TOTAL BALANCE	\$99.51	INSURANCE BALANCE	\$0.00	PATIENT BALANCE	\$99.51
----------------------	----------------	--------------------------	---------------	------------------------	----------------

MESSAGES:

Finance Charge at 1.5% or 50 cents minimum added to past due
DUE BY: JUNE 30, 2014
FINAL NOTICE*** Action by collection agency may be taken

PMC 98-1079 Moanalua Rd Suite 200 Aiea, HI 96701-4714 (808) 521-8211

Current	31-60 Days	61-90 Days	91-120 Days	121+ Days
\$1.47	\$0.00	\$0.00	\$62.30	\$35.74
ACCOUNT # [REDACTED] 8764			SEE NEXT PAGE	





EXHIBIT FOUR

MAKE CHECK PAYABLE TO

Cardiology Associates Inc
1329 Lusitana Street
Suite 409
Honolulu, HI 96813-2422

RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES: (808) 521-8211

IF PAYING BY CREDIT CARD, COMPLETE SECTION			
CHECK CARD USING FOR PAYMENT			
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
MASTERCARD	DISCOVER	VISA	AMERICAN EXPRESS
CARD NUMBER		SECURITY CODE	
SIGNATURE		EXP. DATE	
STATEMENT DATE	ACCOUNT #	PAY THIS AMOUNT	
6/2/2014	8764	\$99.51	
Page 2 of 2		AMOUNT ENCLOSED	\$

ADDRESSEE

Maryann Sivongxay
[REDACTED]
Waianae, HI 96792

REMIT TO

Cardiology Associates Inc
1329 Lusitana Street
Suite 409
Honolulu, HI 96813-2422
(808) 521-8211

STATEMENT

☐ Please check box if address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	PROVIDER	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
01/15/2014	HMA Payment/HMA/CK			-\$69.42		
01/15/2014	HMA Adjustment/HMA			-\$13.48		
	** Subtotal				\$0.00	\$0.34
	** Total for Maryann Sivongxay				\$0.00	\$3.75
12/11/2013	[REDACTED]		\$75.13			
02/05/2014	HMA Payment/HMA/CK			\$20.91		
02/05/2014	HMA Adjustment/HMA			-\$50.81		
	** Subtotal				\$0.00	\$3.41
12/17/2013	[REDACTED]		\$261.78			
02/05/2014	HMA Payment/HMA/CK			-\$105.82		
02/05/2014	HMA Adjustment/HMA			-\$138.66		
	** Subtotal				\$0.00	\$17.30
12/21/2013	[REDACTED]		\$1,101.49			
02/05/2014	HMA Payment/HMA/CK			-\$254.39		
02/05/2014	HMA Adjustment/HMA			-\$805.51		
	** Subtotal				\$0.00	\$41.59
06/02/2014	Finance Charge		\$1.47			
	** Subtotal				\$0.00	\$1.47
	** Total for Maryann Sivongxay				\$0.00	\$63.77
TOTAL BALANCE			\$99.51	INSURANCE BALANCE	\$0.00	PATIENT BALANCE \$99.51

MESSAGES:

Finance Charge at 1.5% or 50 cents minimum added to past due
DUE BY: JUNE 30, 2014
FINAL NOTICE*** Action by collection agency may be taken

POB 1329 Lusitana St Suite 409 Honolulu, HI 96813-2412 (808) 521-8211

Current	31-60 Days	61-90 Days	91-120 Days	121+ Days
\$1.47	\$0.00	\$0.00	\$62.30	\$35.74
ACCOUNT # [REDACTED] 8764			PAY THIS AMOUNT: \$99.51	

EXHIBIT FOUR

EXHIBIT FOUR

EXHIBIT FOUR

EXHIBIT FOUR

EXHIBIT FOUR

Waianae, HI 96792-3199

ADDRESSEE:

SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720
USA

REMIT TO:

Waianae Coast Comp Health Center
86 260 Farrington Hwy
Waianae, HI 96792-3199

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

ESTIMATION OF CHARGES

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by me or my dependent on this date. In case of a discrepancy, a new statement showing the total amount will be mailed to me and I am responsible for the unpaid balance.

**** PAYMENT DUE UPON RECEIPT * THANK YOU ****

ENCOUNTER INVOICE

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PAGE: 1

EXHIBIT FOUR

EXHIBIT FOUR

MAKE CHECKS PAYABLE TO:

Waianae Coast Comp Health Center
86 260 Farrington Hwy
Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> MASTERCARD	<input checked="" type="checkbox"/> VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
06/20/16	\$8.47	4494
SHOW AMOUNT PAID HERE		\$

ADDRESSEE:

|||||
SIVONGXAY, MARYANN N
87 225 HOLOMALIA PL
WAIANAE, HI 96792-8720
USA

REMIT TO:

|||||
Waianae Coast Comp Health Center
86 260 Farrington Hwy
Waianae, HI 96792-3199

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

ESTIMATION OF CHARGES

DATE	PATIENT NAME	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	AMOUNT
12/16/13	SIVONGXAY, MARY...				\$25.39
12/16/13	SIVONGXAY, MARY...				\$10.29
12/16/13	SIVONGXAY, MARY...				\$10.72
12/16/13	SIVONGXAY, MARY...				\$17.16
12/16/13	SIVONGXAY, MARY...				\$13.04
01/03/14				Payment: Insurance	-\$13.00
01/03/14				Payment: Insurance	-\$3.90
01/03/14				Payment: Insurance	-\$2.60
01/03/14				Payment: Insurance	-\$9.56
01/03/14				Payment: Insurance	-\$4.83
01/03/14				Fee Adj: Insurance	-\$9.14
01/03/14				Fee Adj: Insurance	-\$5.42
01/03/14				Fee Adj: Insurance	-\$7.47
01/03/14				Fee Adj: Insurance	-\$5.21
01/03/14				Fee Adj: Insurance	-\$7.00
ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
4494	\$76.60	-\$33.89	-\$34.24	\$0.00	\$8.47

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by me or my dependent on this date. In case of a discrepancy, a new statement showing the total amount will be mailed to me and I am responsible for the unpaid balance.

PLEASE PAY THIS AMOUNT \$8.47

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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PAGE: 1

EXHIBIT FOUR

EXHIBIT FOUR

MAKE CHECKS PAYABLE TO:

Waianae Coast Comp Health Center
86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> AMERICAN EXPRESS	<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
06/20/16	\$8.99	4494
SHOW AMOUNT PAID HERE		\$

ADDRESSEE:



SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720
USA

REMIT TO:



Waianae Coast Comp Health Center
86 260 Farrington Hwy
Waianae, HI 96792-3199

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

ESTIMATION OF CHARGES

DATE	PATIENT NAME	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	AMOUNT
09/09/14	SIVONGXAY, MARY...				\$17.16
09/09/14	SIVONGXAY, MARY...				\$10.29
09/09/14	SIVONGXAY, MARY...				\$18.53
09/09/14	SIVONGXAY, MARY...				\$24.71
10/20/14				Payment: Insurance	-\$9.56
10/20/14				Payment: Insurance	-\$3.90
10/20/14				Payment: Insurance	-\$10.41
10/20/14				Payment: Insurance	\$12.10
10/20/14				Fee Adj: Insurance	-\$5.21
10/20/14				Fee Adj: Insurance	-\$5.42
10/20/14				Fee Adj: Insurance	-\$5.52
10/20/14				Fee Adj: Insurance	-\$9.58
ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
4494	\$70.69	-\$35.97	-\$25.73	\$0.00	\$8.99

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by me or my dependent on this date. In case of a discrepancy, a new statement showing the total amount will be mailed to me and I am responsible for the unpaid balance.

PLEASE PAY THIS AMOUNT \$8.99

**** PAYMENT DUE UPON RECEIPT * THANK YOU ****

ENCOUNTER INVOICE

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PAGE: 1

EXHIBIT FOUR

EXHIBIT FOUR

EXHIBIT FOUR

MAKE CHECKS PAYABLE TO:

Waianae Coast Comp Health Center
86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
06/20/16	\$13.30	4494
SHOW AMOUNT PAID HERE \$		

ADDRESSEE:



SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720
USA

REMIT TO:



Waianae Coast Comp Health Center
86 260 Farrington Hwy
Waianae, HI 96792-3199

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

ESTIMATION OF CHARGES

DATE	PATIENT NAME	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	AMOUNT
04/08/14	SIVONGXAY, MARY...				\$133.00
04/08/14	SIVONGXAY, MARY...				\$550.00
04/08/14	SIVONGXAY, MARY...				\$111.53
04/08/14	SIVONGXAY, MARY...				\$20.00
04/08/14	SIVONGXAY, MARY...				\$17.48
04/08/14	SIVONGXAY, MARY...				\$15.91
05/05/14				Payment: Insurance	-\$119.70
05/12/14				Payment: Insurance	-\$430.00
05/12/14				Payment: Insurance	\$0.00
05/12/14				Payment: Insurance	\$0.00
05/12/14				Payment: Insurance	\$0.00
05/12/14				Payment: Insurance	\$0.00
05/12/14				Fee Adj: Insurance	-\$120.00
05/12/14				Fee Adj: Insurance	-\$111.53
05/12/14				Fee Adj: Insurance	-\$20.00
05/12/14				Fee Adj: Insurance	-\$17.48
05/12/14				Fee Adj: Insurance	-\$15.91
ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
4494	\$847.92	-\$549.70	-\$284.92	\$0.00	\$13.30

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by me or my dependent on this date. In case of a discrepancy, a new statement showing the total amount will be mailed to me and I am responsible for the unpaid balance.

PLEASE PAY THIS AMOUNT \$13.30

**** PAYMENT DUE UPON RECEIPT * THANK YOU ****

ENCOUNTER INVOICE

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PAGE: 1

EXHIBIT FOUR

MAKE CHECKS PAYABLE TO:

Waianae Coast Comp Health Center
86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
06/20/16	\$13.30	4494
SHOW AMOUNT PAID HERE		\$

ADDRESSEE:

|||||

SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720
USA

REMIT TO:

|||||

Waianae Coast Comp Health Center
86 260 Farrington Hwy
Waianae, HI 96792-3199

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

ESTIMATION OF CHARGES

DATE	PATIENT NAME	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	AMOUNT
09/09/14	SIVONGXAY, MARY...				\$133.00
09/09/14	SIVONGXAY, MARY...				\$550.00
09/09/14	SIVONGXAY, MARY...				\$30.95
09/09/14	SIVONGXAY, MARY...				\$100.25
09/09/14	SIVONGXAY, MARY...				\$20.00
09/09/14	SIVONGXAY, MARY...				\$63.64
09/09/14	SIVONGXAY, MARY...				\$5.73
10/10/14				Payment: Insurance	\$119.70
10/20/14				Payment: Insurance	-\$595.43
10/20/14				Payment: Insurance	\$0.00
10/20/14				Payment: Insurance	\$0.00
10/20/14				Payment: Insurance	\$0.00
10/20/14				Payment: Insurance	\$0.00
10/20/14				Payment: Insurance	\$0.00
10/20/14				Fee Adj: Insurance	\$45.43
10/20/14				Fee Adj: Insurance	-\$30.95
10/20/14				Fee Adj: Insurance	-\$100.25
10/20/14				Fee Adj: Insurance	-\$20.00
10/20/14				Fee Adj: Insurance	-\$63.64
10/20/14				Fee Adj: Insurance	-\$5.73
ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
4494	\$903.57	-\$715.13	-\$175.14	\$0.00	\$13.30

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by me. I am responsible for the unpaid balance. In case of a discrepancy, a new statement showing the total amount will be mailed to me and I am responsible for the unpaid balance.

PLEASE PAY THIS AMOUNT \$13.30

**** PAYMENT DUE UPON RECEIPT * THANK YOU ****

ENCOUNTER INVOICE

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EXHIBIT FOUR

EXHIBIT FOUR

Waianae, HI 96792-3199

ADDRESSEE:

SIVONGXAY, MARYANN N

REMIT TO:

Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

MESSAGE:

MESSAGE: I understand that this is only an ESTIMATE OF CHARGES for services received by me and I am responsible for the unpaid balance. PLEASE PAY THIS AMOUNT BY 11/15/93 \$43.93

**** PAYMENT DUE UPON RECEIPT * THANK YOU ****

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EXHIBIT FOUR

EXHIBIT FOUR

PACIFIC RADIOLOGY GRP INC
321 N KUAKINI ST #405
HONOLULU, HI 96817-2321

808 522-0190
TAX ID [REDACTED] 7698

AS A COURTESY WE FILED A CLAIM TO YOUR
INSURANCE. PAYMENT SHOULD COME DIRECTLY
TO US. HOWEVER, IF YOU RECEIVE PAYMENT,
PLEASE FORWARD IT TO US.

ACCOUNT NO. [REDACTED] 76-01

STATEMENT DATE 06/16/16

MARYANN N SIVONGXAY

[REDACTED]
WAIANAE, HI 96792

DATE	PATIENT	DR# AT RF	DESCRIPTION	ICD10	AMOUNT
04/14/15	MARYANN	[REDACTED]	[REDACTED]		60.00
04/14/15	MARYANN	[REDACTED]	[REDACTED]		10.00
05/15/15	MARYANN	913	INSURANCE CARRIER PA		44.97-
05/15/15	MARYANN	813	INSURANCE ADJUSTMENT		13.78-
TOTAL CURRENT					11.25

EXHIBIT FOUR

EXHIBIT FOUR

EXHIBIT FOUR

WAIANAE COAST COMMUNITY COMPREHENSIVE HEALTH CENTER

Medcah Ledger

Guar Num	Guar/Pt Name			Provider			
Enc num	Ref Date	Svc	Mod	lay svc descr	Amount	Batch Date	Posted
1036	STVONGXAY, MARYANN						
8902							
	01/27/2012				192.99	03/01/2012	03/01/2012
	03/12/2012	111		Payment:Commercial Insurance	-102.60	03/21/2012	03/28/2012
	03/12/2012	311		Fee Adj:Commercial Insurance	-78.99	03/21/2012	03/28/2012
	04/19/2012	150		Payment:Thank You	-0.17	06/08/2012	06/08/2012
					11.23		
7253							
	02/03/2012				77.70	03/07/2012	03/09/2012
	02/03/2012				144.74	03/07/2012	03/09/2012
	02/03/2012				94.00	03/07/2012	03/09/2012
	02/03/2012				120.00	03/07/2012	03/09/2012
	02/03/2012				112.00	03/07/2012	03/09/2012
	02/03/2012				33.41	03/07/2012	03/09/2012
	04/04/2012	111		Payment:Commercial Insurance	-392.76	04/19/2012	04/24/2012
	04/04/2012	311		Fee Adj:Commercial Insurance	-137.40	04/19/2012	04/24/2012
					51.69		
0404							
	03/16/2012				42.61	03/22/2012	03/27/2012
	03/16/2012				15.00	03/22/2012	03/27/2012
	04/13/2012	111		Payment:Commercial Insurance	-25.20	04/25/2012	05/04/2012
	04/13/2012	311		Fee Adj:Commercial Insurance	-26.11	04/25/2012	05/04/2012
					-6.30		
8060							
	05/17/2012				144.74	07/09/2012	07/09/2012
	07/23/2012	111		Payment:Commercial Insurance	-80.42	08/02/2012	08/08/2012
	07/23/2012	311		Fee Adj:Commercial Insurance	-55.38	08/02/2012	08/08/2012
					8.94		

EXHIBIT FOUR